TAX REFERENCE # ___._____.___.___

COUNTY HEALTH DEPARTMENT
WASTEWATER TREATMENT MANAGEMENT PROGRAM SYSTEMS INSPECTION REPORT

SYSTEM OWNER :_____ADDRESS:_____
SYSTEM OPERATOR:_____ LOCATION_____
DATE OF THIS INSPECTION_____ DATE OF LAST INSPECTION_____ TIME_____
LPP inspection (3 yr.) ☐ Pump Conventional - Pressure Manifold (5 yr.) ☐ Reinspection ☐
Engineered System (1 yr.) ☐ No Operator (6 mon.) ☐ Sand filter (1 yr.) ☐
Food/Lodging Compliance Inspection ☐

	In Compliance? Y	N	Remarks:
FACILITY:			
Type, size, and sewage flow in accordance with permit?	☐	☐	_____
TANKAGE:			
Risers accessible, surface water diverted?	☐	☐	_____
Risers strucurally sound, watertight?	☐	☐	_____
Sanitary tee in good condition, effluent filter cleaned as needed?	☐	☐	_____
Sludge depth/appearance_____, level acceptable?	☐	☐	_____
EFFLUENT DOSING SYSTEM:			
Sludge depth/appearance_____, effluent appears clear?	☐	☐	_____
Required pumps present, operating, and cycling properly?	☐	☐	_____
High-water alarm present and operating properly?	☐	☐	_____
Vent/floats/pipe/valves/disconnects in good working condition?	☐	☐	_____
Control panel/electrical components in good condition?	☐	☐	_____
GROUND ABSORPTION FIELDS:			_____
No evidence of effluent surfacing/reaching surface waters?	☐	☐	_____
Minimal ponding in subsurface trenches?	☐	☐	_____
Surface water diverted around fields, no depressions on drainfield ?	☐	☐	_____
Line cover/vegetation adequate/maintained as needed?	☐	☐	_____
Protected from traffic, destructive uses?	☐	☐	_____
Distribution devices accessible?	☐	☐	_____
Distribution devices in good condition, working properly?	☐	☐	_____
Repair area properly reserved, maintained?	☐	☐	_____
Turn-ups/cleanouts/valves intact and accessible?	☐	☐	_____
No effluent standing in lower laterals?	☐	☐	_____
Laterals free of excess solids, flushed as needed?	☐	☐	_____
OPERATOR REPORTS RECEIVED / UP TO DATE	☐	☐	

DELIVERY RATE / PRESSURE HEAD
Design Rate Measured Rate PT-_____
_____gpm @ _____ft. _____"/____ min. x _____ gpi = _____gpm @ _____ ft. head
Left @ _____ ft. _____"/____ min. x _____ gpi = _____gpm @ _____ ft. head
Percent Efficiency of Delivery = _____%

etm(this)_____ - etm(last)_____[X 60min]=_____min X _____gpm= _____gals / _____days = _____gpd avg

COMMENTS _____
_____
IMPROVEMENTS NEEDED_____
_____
_____
_____

STATUS OF SYSTEM: Compliant ☐ Structural Non-compliant ☐ Malfunctioning ☐ Incomplete Inspection ☐

If you have questions regarding this inspection report, contact The County Health Department, Environmental Health Division at - extension 2360 8 AM - 5 PM (Field staff are generally available from 8-9 AM & 4:30-5 PM)

_____
Environmental Health Specialist

TAX REFERENCE #____._____.____._____

COUNTY HEALTH DEPARTMENT
OPERATOR REPORT for WASTEWATER TREATMENT SYSTEM INSPECTION

SYSTEM OWNER :_____ADDRESS:_____
SYSTEM OPERATOR:_____ LOCATION_____
DATE OF THIS INSPECTION_____ DATE OF LAST INSPECTION_____ TIME_____
SYSTEM O.P. ISSUED (MONTH/YEAR)_____
LPP inspection ☐ Pump Conventional - Pressure Manifold ☐ Other ☐
6 month insp. ☐ Annual insp. ☐

	In Compliance? Y	N	Remarks:
FACILITY:			
Type, size, and sewage flow in accordance with permit?	☐	☐	_____
TANKAGE:			
Risers accessible, surface water diverted?	☐	☐	_____
Risers strucurally sound, watertight?	☐	☐	_____
Sanitary tee in good condition/effluent filter cleaned?	☐	☐	_____
Sludge depth/appearance_____, level acceptable?	☐	☐	_____
EFFLUENT DOSING SYSTEM:			
Sludge depth/appearance_____, effluent appears clear?	☐	☐	_____
Required pumps present, operating, and cycling properly?	☐	☐	_____
High-water alarm present and operating properly?	☐	☐	_____
Vent/floats/pipe/valves/disconnects in good working condition?	☐	☐	_____
Control panel/electrical components in good condition?	☐	☐	_____
GROUND ABSORPTION FIELDS:			_____
No evidence of effluent surfacing/reaching surface waters?	☐	☐	_____
Minimal ponding in subsurface trenches?	☐	☐	_____
Surface water diverted around fields, no depressions on drainfield ?	☐	☐	_____
Line cover/vegetation adequate/maintained as needed?	☐	☐	_____
Protected from traffic, destructive uses?	☐	☐	_____
Distribution devices accessible?	☐	☐	_____
Distribution devices in good condition, working properly?	☐	☐	_____
Repair area properly reserved, maintained?	☐	☐	_____
Turn-ups/cleanouts/valves intact and accessible?	☐	☐	_____
No effluent standing in lower laterals?	☐	☐	_____
Laterals free of excess solids, flushed as needed?	☐	☐	_____

DELIVERY RATE / PRESSURE HEAD

Design Rate Measured Rate Pump Tank Size _____ Pump Tank # _____

_____gpm @ _____ft. _____"/____ min. x _____ gpi = _____gpm @ _____ ft. head

P.head left @ _____ ft. _____"/____ min. x _____ gpi = _____gpm @ _____ ft. head

Percent Efficiency of Delivery = [Measured Rate/Design Rate] X 100 = _____%

etm(this)_____- etm(last)_____[X 60min]=_____min X _____gpm= _____gals / _____days = _____gpd avg

COMMENTS _____
_____
IMPROVEMENTS NEEDED_____
_____
_____
_____

STATUS OF SYSTEM: Compliant ☐ Noncompliant ☐

_____
Certified Operator

A Copy of this report will be submitted to: The County Health Department, Environmental Health Division,

TAX REFERENCE # ___._____.___.___

COUNTY HEALTH DEPARTMENT
WASTEWATER SYSTEM INSTALLATION INSPECTION REPORT

APPLICANT/OWNER :_____ LOCATION_____
SYSTEM INSTALLER:_____ DATE OF FIRST INSPECTION_____

SYSTEM TYPE: CONVENTIONAL ☐ INNOVATIVE ☐ PUMP ☐ MANIFOLD ☐ LPP ☐
TYPE/TRADE NAME_____

PRETESTED ☐ #_____ PRETESTED ☐ #_____

TANKS

ST	PT
MANU. _____	MANU. _____
STB - _____	PT - _____
_____ GAL	_____ GAL
_____ PSI	_____ PSI
DATE _____	DATE _____
LEAK TEST _____	LEAK TEST _____

Effluent Filter:
Brand:_____
Model#:_____

Inlet Riser OK ☐
Outlet Riser OK ☐
RISER OK ☐

PUMP REQUIREMENTS
____GPM @ ____'TDH
BRAND _____
MODEL _____
ALARM OK ☐
PULL ROPE ☐
FLOATS SET ☐

SUPPLY PIPE
SIZE, _____"
OK TO COVER ☐
PRESSURE TEST ☐

ELECTRICAL
ENCLOSURE/CONDUIT ☐
DUCT SEAL ☐
GROUT ☐
COMMENTS_____
_____

DIAGRAM - AS BUILT

YET TO DO: INITIALS
DATE _____ _____ _____
DATE _____ _____ _____
DATE _____ _____ _____
DATE _____ ALL INSPECTIONS COMPLETED _____

FACILITY NAME:_____ TAX REF#____._____.____.____

DATE THIS_____ WATER METER READING THIS VISIT_____
DATE LAST_____ WATER METER READING LAST VISIT_____
NO. DAYS_____ TOTAL GALLONS WATER USED _____

PUMP #1 FIELD #_____

Design Flow = _____gpm @ _____ft. head
Measured Flow Rate: _____"/_____min. X _____gpi = _____gpm @ _____ft. head

Percent Efficiency of Delivery = (Measured Rate/Design Rate)X100=_____% EVENTS THIS_____
EVENTS LAST_____
ETM THIS_____ EVENTS DIFF._____
ETM LAST_____
ETM DIFF._____ X 60 =_____min. X _____gpm = _____gals./_____days = _____gpd avg

PUMP #2 FIELD#_____

Design Flow = _____gpm @ _____ft. head
Measured Flow Rate: _____"/_____min. X _____gpi = _____gpm @ _____ft. head

Percent Efficiency of Delivery = (Measured Rate/Design Rate)X100=_____% EVENTS THIS_____
EVENTS LAST_____
ETM THIS_____ EVENTS DIFF._____
ETM LAST_____
ETM DIFF._____ X 60 =_____min. X _____gpm = _____gals./_____days = _____gpd avg

PUMP #3 FIELD#_____

Design Flow = _____gpm @ _____ft. head
Measured Flow Rate: _____"/_____min. X _____gpi = _____gpm @ _____ft. head

Percent Efficiency of Delivery = (Measured Rate/Design Rate)X100=_____% EVENTS THIS_____
EVENTS LAST_____
ETM THIS_____ EVENTS DIFF._____
ETM LAST_____
ETM DIFF._____ X 60 =_____min. X _____gpm = _____gals./_____days = _____gpd avg

PUMP #4 FIELD#_____

Design Flow = _____gpm @ _____ft. head
Measured Flow Rate: _____"/_____min. X _____gpi = _____gpm @ _____ft. head

Percent Efficiency of Delivery = (Measured Rate/Design Rate)X100=_____% EVENTS THIS_____
EVENTS LAST_____
ETM THIS_____ EVENTS DIFF._____
ETM LAST_____
ETM DIFF._____ X 60 =_____min. X _____gpm = _____gals./_____days = _____gpd avg

TOTAL GPD_____

TAX REFERENCE# ____._____.___._____

SANDFILTER PRE-TREATMENT INSPECTION ATTACHMENT SHEET

TYPE SANDFILTER: TS-1 BURIED_____ TS-1 FREE ACCESS_____ TS-2 RECIRCULATING_____ OTHER_____

	In Compliance? Y	N	Remarks:
SANDFILTER DOSING SYSTEM:			
Pump present, operating, cycling properly?	☐	☐	_____
High water alarm operating properly?	☐	☐	_____
Floats/pipe/valves/union in good condition?	☐	☐	_____
Control panel/components in good repair?	☐	☐	_____
SANDFILTER:			
Surface/subsurface water diverted?	☐	☐	_____
Containment structure in good condition?	☐	☐	_____
Filter underdrain properly vented?	☐	☐	_____
Observation port accessible?	☐	☐	_____
Sand media replaced with approved media?	☐	☐	_____
No ponding of effluent?	☐	☐	_____
Effluent equally distributed?	☐	☐	_____
Filter properly dosed? Note # of times/day?	☐	☐	_____
Laterals flushed?	☐	☐	_____
Physical integrity of pipe network good?	☐	☐	_____
Head properly adjusted? Note # of valve turns	☐	☐	_____
Filter properly covered?	☐	☐	_____

DELIVERY RATE / PRESSURE HEAD

Design Rate Measured Rate Pump Tank Size_____

_____gpm @ _____ft _____"/_____min. x _____gpi = _____gpm @ _____ft. head

P.head left @ _____ft. _____"/_____min. x _____gpi = _____gpm @ _____ft. head

Percent Efficiency of Delivery = [Measured Rate/Design Rate] X 100 = _____%(not to be <75% of design rate)

etm(this)_____-etm(last)_____[x 60 min]=[a]_____min. run time

events(this)_____-events(last)_____=[b]_____events **timer left at:**

[a] / [b] =_____ave. pump run time _____ **minutes "on" &** _____ **hours "off"**

SAMPLING:			
Sampling port accessible?	☐	☐	_____
Filter effluent appears clear?	☐	☐	_____
Meets minimum treatment standards of:			
BOD - 5 day <15mg/l or <10mg/l?	☐	☐	_____
Total suspended solids <15 mg/l or <10mg/l?	☐	☐	_____
Ammonium-nitrogen <10mg/l?	☐	☐	_____
(TS-II) 50% total nitrogen reduction in ST effluent or Total nitrogen concentration in the effluent from the pretreatment unit <15mg/l	☐	☐	_____
Fecal coliform bacteria densities < 10,000 colonies/100 ml	☐	☐	_____
Lab reports submitted by operator to HD?	☐	☐	_____

Improvements needed to pre-treatment_____

_____

_____

_____

_____

INNOVATIVE SYSTEMS
SURVEY

Date_____

Tax Map Reference# _____._____._____._____

Owner's Name:_____

Owner's Address:_____ ,_____ NC

System installation date:_____

Style of System(Trade name):_____

Soil moisture conditions: (circle one) Dry Some moisture Saturated

Type of System: (Circle one) Pump Gravity Other

Are there observation ports for the system? (circle one) YES NO

If Yes, comment on observations of the nitrification lines:_____
_____
_____

Is the system properly landscaped over the nitrification lines? (Circle one) YES NO

Comments on landscaping:_____
_____

Describe surface stability over the nitrification lines (e.g. spongy, firm):_____
_____

Drainfield vegetation (circle all that apply): Naturalized area Grassed Bare Wooded

Drainfield vegetation properly maintained? (Circle one) YES NO

Additional Comments:_____
_____
_____
_____
_____
_____
_____

System surveyed by:_____
Environmental Health Specialist